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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	END-786
First Inventor: Jesse J Kuhns et al.	
Title: Surgical Instrument Having a Fastener Delivery Mechanism	
I hereby certify that this correspondence is being deposited today with the United States Postal Service as Express Mail - Post Office to Addressee in an envelope addressed to: Assistant Commissioner for Patents, Box-Patent Application, Washington, DC 20231.	
Name: <i>Kimberly M. Moses</i> Kimberly M. Moses	Date: <u>12-10-01</u> December 10, 2001
Express Mail Label No.	EK958563755US

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(submit an original and a duplicate for fee processing)</i>	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status.	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification [Total Pages 42] <i>(Preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive Title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 	a. <input type="checkbox"/> Computer Readable Form (CRF)	
4. <input checked="" type="checkbox"/> Drawing(s)(35 USC 113) [Total Sheets 28]	b. <input type="checkbox"/> Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper 	
5. Oath or Declaration [Total Pages 4] <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Executed Copy b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>for continuation/divisional with Box 18 completed</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 	c. <input type="checkbox"/> Statement verifying identity of above copies	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	ACCOMPANYING APPLICATION PARTS	
18. <input type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:	9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))	
<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in-Part (CIP) of prior application No.: ,09/692,633 filed. October 19,2000; ,09/692,627 filed. October 19,2000; ,09/692,636 filed. October 19,2000; Prior application information: Examiner Group Art Unit: For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)	
	11. <input type="checkbox"/> English Translation Document (if applicable)	
	12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations	
	13. <input type="checkbox"/> Preliminary Amendment	
	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
	15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>	
	16. <input type="checkbox"/> Request and Certifications under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
	17. <input checked="" type="checkbox"/> Other: Application Cover Sheet with Express Mail Certification	

18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-Part (CIP) of prior application No.: ,09/692,633 filed. October 19,2000; ,09/692,627 filed. October 19,2000; ,09/692,636 filed. October 19,2000; Prior application information: Examiner Group Art Unit: For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label 000027777 or Correspondence Address below

Name: Philip S. Johnson, Esq.

Address: Johnson & Johnson, One Johnson & Johnson Plaza, New Brunswick, NJ 08933-7003 USA

20. TELEPHONE CONTACT: Please direct all telephone calls or facsimiles to the attention of Dean L. Garner at:
Telephone: (513) 337-8559 Facsimile: (513) 337-8489**21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

NAME	Dean L. Garner	Reg. No. 35,877
SIGNATURE	<i>Dean L. Garner</i>	
DATE	December 10, 2001	

FEE TRANSMITTAL
Complete if Known

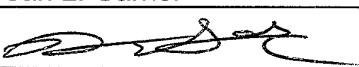
Application Number	
Filing Date	December 10, 2001
First Named Inventor	Jesse J. Juhns et al.
Group Art Unit	
Examiner Name	
Attorney Docket Number	END-786

FEE CALCULATION
CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$740.00
TOTAL CLAIMS	20 - 17 =	0	x 18.00	\$ 0.00
INDEPENDENT CLAIMS	3 - 2 =	0	x 84.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	X 280.00	
			TOTAL FEES	\$ 740.00

METHOD OF PAYMENT

- Please charge Deposit Account No. 10-0750/END-786/DLG in the amount of \$740.00. One Original and 2 copies of this sheet are enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/END-786/DLG. One Original and 2 copies of this sheet are enclosed.

SUBMITTED BY:		<i>Complete (if applicable)</i>
Typed or Printed Name	Dean L. Garner	Reg. No. 35,877
Signature		Date: December 10, 2001 Deposit Account No. 10-0750